

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

Since 1982 the Community Alternatives Program for Disabled Adults (CAP/DA) has successfully served thousands of North Carolina's citizens who live with disabilities. Over this 25 year period there have been few changes to the program's service package. The North Carolina Division of Medical Assistance has ambitious plans to roll-out several new services and to incorporate the services in the Participant-Directed CAP/CHOICE waiver as an option in the 2008 CAP/DA Waiver Renewal. The CAP/CHOICE Waiver will become an option for those individuals who are capable and willing to direct many aspects of their care under CAP/DA and the existing CAP/CHOICE Waiver will be phased out upon completion of the roll-out of CAP/DA with what will be referred to as the "CHOICE Option" and the new services incorporated in this waiver renewal application. With this change, North Carolina Division of Medical Assistance will operate one HCBS Waiver for adult and elderly individuals who live with disabilities, providing additional service options and opportunities to self-direct care.

The following changes will be accomplished during the life of the 2008 CAP/DA Renewal Waiver and are intended to provide more choice for the individuals it supports:

- 1) All CAP/CHOICE services are incorporated in Appendix C of this application and will become part of the CAP/DA Waiver. CHOICE services will be available to individuals who elect the "CHOICE Option" under this waiver program and who are capable of self-direction of care or the ability to delegate this responsibility to a representative.
- 2) A few of the services in the current waiver are being renamed. In-Home Aide will now be referred to as Personal Care Aide. In-Home Respite will become Non-Institutional Respite. Preparation and Delivery of Meals will become Meal Preparation and Delivery. Telephone Alert will be renamed Personal Emergency Response Services. Aside from the name changes, the service specifications are largely unchanged.
- 3) "Home Mobility Aids" will be renamed "Home Modifications and Mobility Aids" and will be expanded to include home modifications and the purchase of lift chairs and other accessibility modifications and equipment.
- 4) The CAP/CHOICE Waiver Service "Participant Goods and Services" will be available to all CAP/DA participants and not just those who self-direct services.
- 5) New services for the CAP/DA Renewal Waiver will include Assistive Technology, Crisis Services, Training and Education Services, and Transition Services.

NC DMA is committed to expanding this new CAP/DA program statewide. A systematic roll-out to all of North Carolina's remaining counties will begin October 1, 2008 and be completed on a projected deadline of May 30, 2010. For more specific information regarding the phase-in / roll-out schedule of CAP/DA's new services and CHOICE Option, please see the time-line incorporated in this application. DMA also continues CAP/DA program collaboration with various system change projects including the Money Follows the Person Demonstration, The Medicaid Infrastructure Grant/Ticket to Work, the Rebalancing Grant, and the Systems Transformation Grant.

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State of North Carolina** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. **Program Title** (optional - this title will be used to locate this waiver in the finder):

2008 CAP/DA Renewal (3.5)

C. **Type of Request:** renewal

☐ **Migration Waiver** - this is an existing approved waiver

☒ **Renewal of Waiver:**

Provide the information about the original waiver being renewed

Base Waiver Number:

Amendment Number

(if applicable):

Effective Date: (mm/dd/yy)

Waiver Number: NC.0132.R05.00

Draft ID: NC.15.05.00

Renewal Number:

D. **Type of Waiver** (select only one):

E. **Proposed Effective Date:** (mm/dd/yy)

10/01/08

Approved Effective Date: 10/01/08

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

☐ **Hospital**

Select applicable level of care

☐ **Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

☐ **Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR §440.160**

☒ **Nursing Facility**

Select applicable level of care

☒ **Nursing Facility As defined in 42 CFR §440.40 and 42 CFR §440.155**

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

☐ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☐ **Intermediate Care Facility for the Mentally Retarded (ICF/MR) (as defined in 42 CFR §440.150)**

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/MR level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

☒ **Not applicable**

☐ **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates (*check each that applies*):

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☐ **A program authorized under §1115 of the Act.**

Specify the program:

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The CAP/DA program has successfully served thousands of North Carolina's citizens who live with disabilities for over 25 years. CAP/DA grew out of a desire to offer community-based care as an alternative to those individuals whose needs were typically met in a nursing facility. With good case-management, a comprehensive package of services, and reliable support from family and friends, many individuals have been able to remain safely at home at a lower cost than the care they would otherwise receive in a nursing facility. Congress recognized this as an option for care for many individuals with disabilities when it passed Section 1915(c) of the Social Security Act to allow states to request HCBS Waivers. North Carolina's General Assembly instructed the State's government to apply for and develop an HCBS Waiver in House Bill 405 - the same legislation that established the Long-Term Care Screening Program. The waiver that authorizes CAP/DA was granted by the Health Care Financing Administration (HCFA), presently CMS, in 1982.

CAP/DA exists to supplement, rather than replace the formal and informal services and support already available to an individual. The program's goal is to enable individuals to live at home, to be active members of their communities, and to live as independently as possible.

Currently, CAP/DA is the "traditional" waiver in which providers take the lead role in directing client services. CAP Choice is the consumer directed waiver in which the waiver participant leads the development of the plan of care and has the authority and responsibility to manage and make decisions about waiver services. CAP/DA is available statewide while CAP Choice is currently only available in four North Carolina counties.

Services common to both programs include adult day health, in-home aide, waiver supplies, home mobility aids, preparation and delivery of meals, telephone alert, in-home respite, institutional respite and case management. In addition the CAP/Choice program provides care advice, financial management, personal assistant services and consumer directed goods and services. Recipients in both programs must be able to be cared for safely in their homes. It is the intention of DMA to include the CAP/CHOICE Program as an option in the 2008 CAP/DA Waiver Renewal and to expand this option statewide.

Other Medicaid non-waiver in-home services may also be provided to recipients if medical necessity is present. All services, waiver program and non-waiver services, count toward a monthly cost limit, which must be maintained for the recipient to remain in the program. All services and supports must be included in a Plan of Care (POC), which is based on the recipient's needs.

CAP/DA serves individuals who are 18 years of age and older and who:

- 1) Are eligible for Medicaid
- 2) Live in a private residence and is at risk of being placed in a nursing facility or lives in a nursing facility and wants to return to a private residence
- 3) Require Nursing Facility Level of Care as determined through the Medicaid prior approval process
- 4) Require CAP/DA services to remain safely at home/in the community
- 5) Can have his or her health, safety, and well-being maintained at home within the established cost limits of the program
- 6) Desire CAP/DA services instead of institutional care

CAP/DA services presently include Case Management, Adult Day Health, In-Home Aide Services (Personal Care Levels II and III), Waiver Supplies, Home Mobility Aids, Preparation and Delivery of Meals (Meals on Wheels), Respite Care (In-home and Institutional), and Telephone Alert.

A CAP/DA participant may also receive regular Medicaid services under the specific guidelines for each service, as long as the cost of all Medicaid services remains within the CAP/DA cost limit.

The CAP/DA Program is operated by a local lead agency in each county. The lead agency oversees program operations and assures that all policies and procedures are followed. The lead agency may contract for certain services, but must itself process referrals, assess applicants, provide case management, provide home mobility aids and waiver supplies, manage caseloads, operate an Advisory Committee, approve plans of care (if delegated to do so), ensure recipient freedom of choice, ensure quality services and cooperate with monitoring and reporting activities.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

- A. Waiver Administration and Operation.** Appendix A specifies the administrative and operational structure of this waiver.
- B. Participant Access and Eligibility.** Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.
- C. Participant Services.** Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

- D. Participant-Centered Service Planning and Delivery.** **Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).
- E. Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):
- ☒ **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*

☐ **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*
- F. Participant Rights.** **Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.
- G. Participant Safeguards.** **Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.
- H. Quality Improvement Strategy.** **Appendix H** contains the Quality Improvement Strategy for this waiver.
- I. Financial Accountability.** **Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.
- J. Cost-Neutrality Demonstration.** **Appendix J** contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

- A. Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.
- B. Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):
- ☒ **Not Applicable**
- ☐ **No**
- ☐ **Yes**
- C. Statewide.** Indicate whether the State requests a waiver of the statewide requirements in §1902(a)(1) of the Act (*select one*):
- ☐ **No**
- ☒ **Yes**

If yes, specify the waiver of statewide requirements that is requested (*check each that applies*):

- ☒ **Geographic Limitation.** A waiver of statewide requirements is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.
Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:
 The phase-in schedule of the waiver by geographic area:

Roll-out Schedule - 2008 Community Alternatives Program for Disabled Adults

1. It is anticipated that the roll-out of the changes to the CAP/DA Waiver including new services and the addition of the CHOICE Option will take approximately 18 months from the start date of the approved Waiver. Roll-out will begin 10/1/2008 and be completed by May 30, 2010.
2. Both CAP/DA and CAP/CHOICE will operate separately and as they exist currently until the necessary training of field staff and infrastructure changes have been completed.

Goal/Task:	Date Task Initiated:	Date Task Completed:
Develop New CAP/DA Policy		
With PAG Approval and Public Review*	Oct. 1, 2008	May 31, 2009
Develop New Administrative Rules	Jan. 1, 2009	May 31, 2009
Develop New CAP/DA Policy Manual	Jan. 1, 2009	May 31, 2009
Develop Training Program	Feb. 1, 2009	May 31, 2009
Complete DHHS Contract for FM Services	Present	Dec. 31, 2008
Enroll New Providers for New Services	Dec. 1, 2008	July 31, 2009**
Update Systems/Complete Infrastructure Changes	Nov. 1, 2008	July 31, 2009**
Train the Field and Implement New		

Waiver Services Upon Completion
of Training:

Region 1 (See assigned counties below)	June. 1, 2009	July 31, 2009***
Region 2 (See assigned counties below)	Aug. 1, 2009	Sept. 30, 2009***
Region 3 (See assigned counties below)	Oct. 1, 2009	Nov. 30, 2009***
Region 4 (See assigned counties below)	Dec. 1, 2009	Jan. 31, 2010***
Region 5 (See assigned counties below)	Feb. 1, 2010	March 31, 2010***
Region 6 (See assigned counties below)	Apr. 1, 2010	May 30, 2010***

Region 1:

Cherokee, Graham, Clay, Swain, Macon, Jackson, Haywood, Madison, Buncombe, Henderson, Transylvania, Mitchell, Yancey, McDowell, Rutherford, and Polk

Region 2:

Ashe, Alleghany, Surry, Watauga, Wilkes, Alexander, Burke, Caldwell, Catawba, Cleveland, Lincoln, Gaston, Mecklenburg, Iredell, and Yadkin

Region 3:

Stokes, Forsyth, Davie, Davidson, Rowan, Cabarrus, Union, Stanly, Randolph, Chatham, Lee, Montgomery, Moore, Anson, Richmond, and Scotland

Region 4:

Rockingham, Guilford, Caswell, Alamance, Person, Orange, Durham, Wake, Granville, Warren, Vance, Franklin, Johnston, Harnett, Wilson, Greene, Wayne, and Lenoir

Region 5:

Hoke, Robeson, Cumberland, Sampson, Duplin, Bladen, Columbus, Brunswick, Pender, New Hanover, Onslow, Carteret, and Jones

Region 6:

Currituck, Camden, Pasquotank, Perquimans, Chowan, Bertie, Hertford, Gates, Tyrell, Dare, Hyde, Beaufort, Washington, Martin, Northhampton, Halifax, Nash, Edgecombe, Pitt, Craven, and Pamlico

*The Public Review Process is at least 45 days.

**This will be the start date for the first region of CAP/DA providers to begin services under the renewal waiver.

***New services and CHOICE Option begin for this region upon completion of training

- ☒ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State. *Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:*

The phase-in schedule of the waiver by geographic area:

Roll-out Schedule - 2008 Community Alternatives Program for Disabled Adults

1. It is anticipated that the roll-out of the changes to the CAP/DA Waiver including new services and the addition of the CHOICE Option will take approximately 18 months from the start date of the approved Waiver. Roll-out will begin 10/1/2008 and be completed by May 30, 2010.
2. Both CAP/DA and CAP/CHOICE will operate separately and as they exist currently until the necessary training of field staff and infrastructure changes have been completed.

Goal/Task:	Date Task Initiated:	Date Task Completed:
Develop New CAP/DA Policy		
With PAG Approval and Public Review*	Oct. 1, 2008	May 31, 2009
Develop New Administrative Rules	Jan. 1, 2009	May 31, 2009
Develop New CAP/DA Policy Manual	Jan. 1, 2009	May 31, 2009
Develop Training Program	Feb. 1, 2009	May 31, 2009
Complete DHHS Contract for FM Services	Present	Dec. 31, 2008
Enroll New Providers for New Services	Dec. 1, 2008	July 31, 2009**

Update Systems/Complete Infrastructure Nov. 1, 2008 July 31, 2009**
 Changes
 Train the Field and Implement New
 Waiver Services Upon Completion
 of Training:

Region 1 (See assigned counties below) June. 1, 2009 July 31, 2009***

Region 2 (See assigned counties below) Aug. 1, 2009 Sept. 30, 2009***

Region 3 (See assigned counties below) Oct. 1, 2009 Nov. 30, 2009***

Region 4 (See assigned counties below) Dec. 1, 2009 Jan. 31, 2010***

Region 5 (See assigned counties below) Feb. 1, 2010 March 31, 2010***

Region 6 (See assigned counties below) Apr. 1, 2010 May 30, 2010***

Region 1:

Cherokee, Graham, Clay, Swain, Macon, Jackson, Haywood, Madison, Buncombe, Henderson, Transylvania, Mitchell, Yancey, McDowell, Rutherford, and Polk

Region 2:

Ashe, Alleghany, Surry, Watauga, Wilkes, Alexander, Burke, Caldwell, Catawba, Cleveland, Lincoln, Gaston, Mecklenburg, Iredell, and Yadkin

Region 3:

Stokes, Forsyth, Davie, Davidson, Rowan, Cabarrus, Union, Stanly, Randolph, Chatham, Lee, Montgomery, Moore, Anson, Richmond, and Scotland

Region 4:

Rockingham, Guilford, Caswell, Alamance, Person, Orange, Durham, Wake, Granville, Warren, Vance, Franklin, Johnston, Harnett, Wilson, Greene, Wayne, and Lenoir

Region 5:

Hoke, Robeson, Cumberland, Sampson, Duplin, Bladen, Columbus, Brunswick, Pender, New Hanover, Onslow, Carteret, and Jones

Region 6:

Currituck, Camden, Pasquotank, Perquimans, Chowan, Bertie, Hertford, Gates, Tyrell, Dare, Hyde, Beaufort, Washington, Martin, Northhampton, Halifax, Nash, Edgecombe, Pitt, Craven, and Pamlico

*The Public Review Process is at least 45 days.

**This will be the start date for the first region of CAP/DA providers to begin services under the renewal waiver.

***New services and CHOICE Option begin for this region upon completion of training

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

- A. Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:
1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
 2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
 3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.
- B. Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver.

Methods of financial accountability are specified in **Appendix I**.

- C. Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.
- D. Choice of Alternatives:** The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:
 - 1. Informed of any feasible alternatives under the waiver; and,
 - 2. Given the choice of either institutional or home and community based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.
- E. Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.
- F. Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.
- G. Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.
- H. Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.
- I. Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- J. Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

- A. Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.
- B. Inpatients.** In accordance with 42 CFR §441.301(b)(1) (ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/MR.
- C. Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as

provided in **Appendix I**.

- D. Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.
- E. Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.
- F. FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.
- G. Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community- based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.
- H. Quality Improvement.** The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.
- I. Public Input.** Describe how the State secures public input into the development of the waiver:
CAP/DA Staff advertised and held five town hall meetings to secure public input and feedback concerning program strengths, concerns, recommendation of changes and development of this waiver renewal. The town hall meetings were held on the following dates and in the following locations:

Town Hall Meetings, Dates, and Location

Registration – 9:00 a.m.- 9:30 a.m.

Meetings - 9:30 a.m. – 12:30 p.m.

May 6, 2008

Iredell County Department of Social Services
549 Eastside Drive
Statesville, NC

May 7, 2008

Mountain Area Health and Education Center
501 Biltmore Avenue
Asheville, NC

May 9, 2008

Department of Aging
2222 South College Rd.
Wilmington, NC

May 15, 2008

Pitt Community College
Fulford Building Room 153
1986 Pitt Tech Road
Winterville, NC

May 16, 2008

Wake County Commons
Raleigh, NC

CAP/DA providers, participants, family, advocates, key DHHS officials, all native american tribal leaders in North Carolina, and professional associations including Adult Day Care and Home Care and Hospice were sent notice of these meetings.

- J. Notice to Tribal Governments.** The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.
- K. Limited English Proficient Persons.** The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

- A.** The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State: **North Carolina**

Zip:

Phone: **Ext:** ☐ **TTY**

Fax:

E-mail:

- B.** If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State: **North Carolina**

Zip:

Phone: **Ext:** ☐ **TTY**

Fax:

E-mail:

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are *readily* available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency

specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature:

State Medicaid Director or Designee

Submission Date:

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State: **North Carolina**

Zip:

Phone:

Fax:

E-mail:

Attachment #1: Transition Plan

Specify the transition plan for the waiver:

The phase-in schedule of the waiver by geographic area:

Roll-out Schedule - 2008 Community Alternatives Program for Disabled Adults

1. It is anticipated that the roll-out of the changes to the CAP/DA Waiver including new services and the addition of the CHOICE Option will take approximately 18 months from the start date of the approved Waiver. Roll-out will begin 10/1/2008 and be completed by May 30, 2010.
2. Both CAP/DA and CAP/CHOICE will operate separately and as they exist currently until the necessary training of field staff and infrastructure changes have been completed.

Goal/Task:	Date Task Initiated:	Date Task Completed:
Develop New CAP/DA Policy		
With PAG Approval and Public Review*	Oct. 1, 2008	May 31, 2009
Develop New Administrative Rules	Jan. 1, 2009	May 31, 2009
Develop New CAP/DA Policy Manual	Jan. 1, 2009	May 31, 2009
Develop Training Program	Feb. 1, 2009	May 31, 2009
Complete DHHS Contract for FM Services	Present	Dec. 31, 2008
Enroll New Providers for New Services	Dec. 1, 2008	July 31, 2009**
Update Systems/Complete Infrastructure Changes	Nov. 1, 2008	July 31, 2009**
Train the Field and Implement New Waiver Services Upon Completion of Training:		

Region 1 (See assigned counties below) June. 1, 2009 July 31, 2009***

Region 2 (See assigned counties below) Aug. 1, 2009 Sept. 30, 2009***

Region 3 (See assigned counties below) Oct. 1, 2009 Nov. 30, 2009***

Region 4 (See assigned counties below) Dec. 1, 2009 Jan. 31, 2010***

Region 5 (See assigned counties below) Feb. 1, 2010 March 31, 2010***

Region 6 (See assigned counties below) Apr. 1, 2010 May 30, 2010***

Region 1:
Cherokee, Graham, Clay, Swain, Macon, Jackson, Haywood, Madison, Buncombe, Henderson, Transylvania, Mitchell, Yancey, McDowell, Rutherford, and Polk

Region 2:
Ashe, Alleghany, Surry, Watauga, Wilkes, Alexander, Burke, Caldwell, Catawba, Cleveland, Lincoln, Gaston, Mecklenburg, Iredell, and Yadkin

Region 3:
Stokes, Forsyth, Davie, Davidson, Rowan, Cabarrus, Union, Stanly, Randolph, Chatham, Lee, Montgomery, Moore, Anson, Richmond, and Scotland

Region 4:
Rockingham, Guilford, Caswell, Alamance, Person, Orange, Durham, Wake, Granville, Warren, Vance, Franklin, Johnston, Harnett, Wilson, Greene, Wayne, and Lenoir

Region 5:
Hoke, Robeson, Cumberland, Sampson, Duplin, Bladen, Columbus, Brunswick, Pender, New Hanover, Onslow, Carteret, and Jones

Region 6:
Currituck, Camden, Pasquotank, Perquimans, Chowan, Bertie, Hertford, Gates, Tyrell, Dare, Hyde, Beaufort, Washington, Martin, Northhampton, Halifax, Nash, Edgecombe, Pitt, Craven, and Pamlico

*The Public Review Process is at least 45 days.

**This will be the start date for the first region of CAP/DA providers to begin services under the renewal waiver.

***New services and CHOICE Option begin for this region upon completion of training

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

--